



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



990-EZForm Department of the Treasury
Internal Revenue Service**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2012**Open to Public
Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning **, 2012, and ending** **, 20****B Check if applicable:**

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization	D Employer identification number	
NORTH CAROLINA STATE BEEKEEPERS ASSOCIATION, INC.	23-7084869	
Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone number
2425 TRELLIS COURT		919-266-7359
City or town, state or country, and ZIP + 4	F Group Exemption Number ►	
RALEIGH, NC 27616		

G Accounting Method: Cash Accrual **Other (specify) ►** _____**H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).****I Website:** ► www.ncbeekeepers.org**J Tax-exempt status (check only one) — 501(c)(3) 501(c) (5) ◀ (insert no.) 4947(a)(1) or 527****K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.****L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 97,419****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)****Check if the organization used Schedule O to respond to any question in this Part I ►**

1	Contributions, gifts, grants, and similar amounts received	1	1,800
			23,025
2	Program service revenue including government fees and contracts	3	48,378
			1,158
3	Membership dues and assessments	4	
			5c
5a	Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses		5b
5b	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	6d	
			6d
6	Gaming and fundraising events	6c	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)		6a
6a	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c Less: direct expenses from gaming and fundraising events		6b
6b	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7c	
			7c
7a	Gross sales of inventory, less returns and allowances	7a	23,058
	b Less: cost of goods sold		7b
7b	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	13,256
8	Other revenue (describe in Schedule O)	9	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► RECEIVED		84,163
10	Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members		
12	Salaries, other compensation, and employee benefits	11	
	13 Professional fees and other payments to independent contractors		
14	Occupancy, rent, utilities, and maintenance	12	
	15 Printing, publications, postage, and shipping		
16	Other expenses (describe in Schedule O)	13	
	17 Total expenses. Add lines 10 through 16 ► MAY 09 2013 IRS OSC OGDEN, UT		25,520
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	14	2,823
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		25,725
20	Other changes in net assets or fund balances (explain in Schedule O)	15	22,645
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ► 17		76,713
18		16	7,450
			119,468
19		17	126,918

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 106421

Form **990-EZ** (2012)

SCANNED MAY 22 2013

19

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II .

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	119,468	22 126,918
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	119,468	25 126,918
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	119,468	27 126,918

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? To promote/educate the general public about honey bees.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	Annual conferences held to promote the benefits of honey bees, importance of pollination, and beekeeping. Conferences are for members only with attendance approximating 600 members. NCSBA supports the Eastern Apicultural Society, the NC Zoo's Honey Bee Exhibit, honey bee research, and local honey bee associations. (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	23,628
29	Promote and educate the general public relative to the benefits of honey bees, pollination of a variety of crops, and beekeeping. Provides support to members in the areas of honey bee education, certification, and general knowledge relative to honey bee research (i.e. breeding bees, pesticides, herbicides, and environmental issues (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	62,659
30	_____		

	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32	86,287

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O Yes No
33 ✓

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Yes No
34 ✓

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? Yes No
35a ✓

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Yes No
35b ✓

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Yes No
35c ✓

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Yes No
36 ✓

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ **37a** Yes No

b Did the organization file Form 1120-POL for this year? Yes No
37b ✓

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Yes No
38a ✓

b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes No
38b ✓

39 Section 501(c)(7) organizations. Enter:
 a Initiation fees and capital contributions included on line 9 Yes No
39a ✓

b Gross receipts, included on line 9, for public use of club facilities Yes No
39b ✓

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____ Yes No
40b ✓

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Yes No

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ Yes No
40c ✓

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____ Yes No

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Yes No
40e ✓

41 List the states with which a copy of this return is filed ▶ **North Carolina**

42a The organization's books are in care of ▶ **Wade Lucas** Telephone no. ▶ **919-266-7359**

Located at ▶ **2425 Trellis Court, Raleigh, NC** ZIP + 4 ▶ **27616-8976**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country: ▶ _____

See the instructions for exceptions and filing requirements for Form TD F 80-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside the U.S.? ▶ _____

If "Yes," enter the name of the foreign country: ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** Yes No

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No
44a ✓

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No
44b ✓

c Did the organization receive any payments for indoor tanning services during the year? Yes No
44c ✓

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Yes No
44d ✓

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes No
45a ✓

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Yes No
45b ✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	 Signature of officer Wade Lucas, Treasurer	F-5-13 Date
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

NORTH CAROLINA STATE BEEKEEPERS ASSOCIATION, INC.

Employer identification number

23-7084869

PART I, LINE 16----CONFERENCE EXPENSE (\$13,713), CERTIFICATION REWARDS (\$4,827), NC STATE ZOO SUPPORT (\$858), OFFICE

EXPENSES (\$1,167), NEW CHAPTER SUPPORT (\$200), DUES AND SUBSCRIPTIONS (\$176), TRAINING AND EDUCATION

(\$212), INSURANCE (\$456), SPECIAL PROJECT (\$745), BANK FEES (\$12), AND EC MEETING EXPENSES (\$279).

TOTAL = \$22,645

PAR V, LINE 35b----NO UNRELATED BUSINESS INCOME; FORM 990-T NOT REQUIRED.

PART V, LINE 44d----NO INDOOR TANNING INCOME; FORM 720 NOT REQUIRED.